

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

Harry Anthony Scheina III
(full name) #1018855 (Register No.)

Plaintiff(s).

v.

James Sigman - Sheriff
(Full name)
Jennifer - Jail Administrator
Dr. Bentley - Pam Tripp J.A.
Defendant(s).

Case No. 18-3169-CV-S-BP-P

Defendants are sued in their (check one):

☐ Individual Capacity

☐ Official Capacity

☒ Both

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): F.R.D.C., Fulton, MO

II. Parties to this civil action:

Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff Harry Anthony Scheina III Register No. #1018855
Address F.R.D.C. P.O. Box 190, Fulton, MO 65251
Housing Unit 5-D-142-B5

B. Defendant James Sigman, Jennifer, + Dr. Bentley,
Pam Tripp, Jail Administrator
Is employed as Sheriff, Jail Administrator, Dr. and Medical
Administrator, Jail Administrator

For additional plaintiffs or defendants, provide above information in same format on a separate page.

- III. Do your claims involve medical treatment? Yes ☒ No ☐
- IV. Do you request a jury trial? Yes ☒ No ☐
- V. Do you request money damages? Yes ☒ No ☐
- State the amount claimed? \$1,000,000.00 \$ _____ / _____ (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes ☒ No ☐

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes ☒ No ☐

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution?

Yes ☐ No ☒

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

D. If you have not filed a grievance, state the reasons.

Institutional staff refused to provide the required paperwork

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case?

Yes ☐ No ☒

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated?

Yes ☐ No ☒

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: n/a
(Plaintiff) (Defendant)

(2) Date filed: n/a

- (3) Court where filed: _____
- (4) Case Number and citation: _____
- (5) Basic claim made: _____
- (6) Date of disposition: _____
- (7) Disposition: _____
(Pending) (on appeal) (resolved)
- (8) If resolved, state whether for: _____
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

- IX. Statement of claim: *Incident #1 began on 6-5-17*
- Incident #2 began on 4-4-18*

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

#1 Upon being arrested by Texas County, I notified the jail administrators, Pam Tripp, and Jennifer, that I had a broken jaw that was in a terrible state of disrepair and surgery had been scheduled to repair/replace the fasteners and hardware. - I was refused proper medical treatment by staff and Dr. Bently despite written and verbal requests for such. - Staff further refused to transport me to, outside medical though Dr. Bently stated that I was in immediate need. #2 Sheriff James Sigman used excessive force to "restrain" me, re-braking my already injured jaw.

- B. State briefly your legal theory or cite appropriate authority:

The negligence of the custody and medical staff at the Texas County Jail have exacerbated the injury to my jaw and is still causing me daily pain + suffering.

The negligence of the custody and/or medical staff in providing an appropriate diet based upon my injury continues to cause digestive issues, pain and suffering. - Staff refuse to allow me to follow up with the jail's grievance procedures

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.
Pay me \$1,000,000.00, pay all medical and psychiatric expenses, adjust the grievance procedures so that appropriate paperwork is available

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. _____

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes _____ No X

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

C. Have you previously had a lawyer representing you in a civil action in this court? Yes _____ No X

If your answer is "Yes," state the name and address of the lawyer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 23 day of MAY 2018.

Horoy A. Echima III
Signature(s) of Plaintiff(s)

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